	Registration Fo	orr	η (	Copies Acc	cepted) Receip	ot #		nit.	
	Responsible Adult			Phone(hm)	(wk)	(mobil	e)		
Needed	Address				City		Zip		
	e-mail Address								
	Payment Type:VISAMasterCardAmerican ExpressDiscover Card #								
	Name as it appears on card:						Expires Mo./Yr/		
Accommodations	Participant Name	Gender M/F	Birthdate (Under 18)	Activity #	Activity Name		Dates	Fee	
Acco									
Address	OFERNO	"Оре	"Operation Clyde" Recreation Activity Assistance Fund (O					\$ 1.00	
w Ad	"Operation Clyde" - \$1.00 contribution. Your contribution on the registration form helps Elk Grove individuals who can not afford to participate in recreation activities. Bring our community together by the simple act of donating a dollar.								
Ne	HOLD HARMLESS AGREEMENT								
ij.	The Elk Grove Community Services District (hereinafter the "Elk Grove CSD"), its officers, trustees, agents and employees, and any co-sponsor of this activity								
Check	are not responsible for any claim, loss, injury(ies), liability or damages which may be suffered by the Participant while traveling to, during, or returning from activity designated in this registration. Further, throughout the term of this Agreement, Participant [or Participant's parent or legal guardian, if Participant is usage 18] agrees to defend, indemnify and hold harmless the Elk Grove CSD, its officers, trustees, agents and employees from and against any and all classes, injuries, liability or damages, including the payment of attorneys' fees, arising out of or resulting from participation in the activity designated in								
	registration. Additionally, the Participant [or Participant's parent or legal guardian, if Participant is under age 18] grants the Elk Grove CSD the right obtotograph facilities, activities and Participant for potential future use for publicity or promotional purposes. I have read and understand this notice.								

No confirmation will be sent.

Receipts are available in our office: 8820 Elk Grove Blvd., #3